

Filing at a Glance

Company: National Casualty Company

Product Name: Personal Umbrella/Excess
Program

TOI: 17.0 Other Liability - Claims
Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and
Excess

Filing Type: Form

SERFF Tr Num: SCTT-125254118 State: Arkansas

SERFF Status: Closed

State Tr Num: AR-PC-07-025729

Co Tr Num: PU AR03813NCF01

State Status:

Co Status:

Reviewer(s): Betty Montesi, Edith
Roberts, Brittany Yielding

Author: Kristin Abbott

Disposition Date: 08-13-2007

Date Submitted: 08-06-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

General Information

Project Name: 3813 Personal Umbrella/Excess Program

Project Number: PU AR03813NCF01

Reference Organization: n/a

Reference Title: n/a

Filing Status Changed: 08-13-2007

State Status Changed: 08-07-2007

Corresponding Filing Tracking Number:

Filing Description:

National Casualty Company is submitting one revised form for use with our Personal Umbrella/Excess Liability Program.

We request an effective date concurrent with your Departments approval.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: n/a

Advisory Org. Circular: n/a

Deemer Date:

Please find enclosed revised Personal Excess Liability Policy DEC 007 (4-01). The policy has been revised to add the General Agents number to the form.

Company and Contact

Filing Contact Information

Kristin Abbott, Filings Analyst I

PO Box 4110

Scottsdale, AZ 85261

abbottk@scottsdaleins.com

(800) 423-7675 [Phone]

() -[FAX]

Filing Company Information

National Casualty Company

CoCode: 11991

State of Domicile: Wisconsin

PO Box 4110
Scottsdale, AZ 85261
(800) 423-7675 ext. [Phone]

Group Code: 140
Group Name:
FEIN Number: 38-0865250

Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Form Filing - \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Casualty Company	\$50.00	08-06-2007	14971525

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	08-13-2007	08-13-2007

Disposition

Disposition Date: 08-13-2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Arkansas Certificate of Compliance	Approved	Yes
Form	Personal Excess Liability Policy	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Personal Excess Liability Policy	DEC 007	4-01	Policy/CoveReplaced rage Form	12-00	0.00	DEC 007 N (04-01).pdf

National Casualty Company

Home Office: 16 North Carroll Street, Suite 209 • Madison, Wisconsin 53703-2783
Property/Casualty Division: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
1-800-423-7675
A STOCK COMPANY

PERSONAL EXCESS LIABILITY POLICY

Part Two. This Declarations page with "Policy Provisions—Part One" completes the Policy.

DECLARATIONS

Policy No. **EXO**

Item 1. Insured's
Name and
Mailing
Address

Producer's
Name and
Mailing
Address

Item 2. Policy Period: (Mo./Day/Yr.)

From:

To:

Term:

Days:

Prior Policy:

12:01 A.M., standard time at the address of the named insured as stated herein.

G/A No.:

Program No.:

Item 3. The occupation of the insured is:

Item 4. Location of Coverage - if different than mailing address above:

Insurance is afforded for Personal Injury and Property Damage Liability subject to the limits of the Company's liability (as indicated in Item 5 of the Declarations) in excess of the underlying limit (as indicated in Item 6 of the Declarations)

Item 5. Limits of Liability

Personal Injury and Property Damage Liability Coverage

\$,000 each occurrence

Item 6. Schedule of Underlying Insurance

It is agreed by the insured that insurance policies providing the following coverage are in force and will be maintained in force (whether collectible or not) for the underlying limits of liability stated hereafter, which in turn is excess over underlying limits of Comprehensive Personal Liability or Homeowner, Automobile Liability and Watercraft Liability.

UNDERLYING PERSONAL UMBRELLA POLICY

UNDERLYING LIMITS

(a) \$,000 each occurrence

(b) \$,000 each occurrence

Endorsements forming a part of this policy (designated by Endorsement number)

Total Premium

\$

Taxes (if any)

\$

Fully Earned Policy Fee

\$

\$

Total Policy Premium

\$

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08-13-2007
Comments:			
Attachment:			
	PU AR3813ncfpctd.pdf		
Satisfied -Name:	Cover Letter	Review Status: Approved	08-13-2007
Comments:			
Attachment:			
	PU AR3813ncfcvrltr.pdf		
Satisfied -Name:	Arkansas Certificate of Compliance	Review Status: Approved	08-13-2007
Comments:			
Attachment:			
	PU AR3813ncfcertofcomp.pdf		

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td>New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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3.	Group Name	Group NAIC #
	Nationwide	140

4.	Company Name(s)	Domicile	NAIC #	FEIN #
	National Casualty Company	WI	11991	38-0865250

5. Company Tracking Number	PU AR03813NCF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Kristin Abbott PO Box 4110 Scottsdale, AZ 85261-4110	Filings Analyst I	800 423-7675 x3140	480-368-5820	abbottk@scottsdaleins.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Kristin Abbott

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	None
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.0021
12. Company Program Title (Marketing title)	Personal Umbrella/Excess Liability Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	None
17. Reference Organization # & Title	None
18. Company's Date of Filing	August 6, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	PU AR03813NCF01
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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National Casualty Company is submitting one revised form for use with our Personal Umbrella/Excess Liability Program.

Please find enclosed revised Personal Excess Liability Policy DEC 007 (4-01). The policy has been revised to add the General Agent's number to the form.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: EFT Amount: \$50.00	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

N A T I O N A L C A S U A L T Y C O M P A N Y

8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Reply to:

Post Office Box 4110
Scottsdale, AZ 85261-4110

Telephone

800 423-7675 x3140

August 6, 2007

The Honorable Julia Benafield Bowman
Commissioner
Arkansas Department of Insurance
1200 W. Third Street
Little Rock AR 77201-1904

Re: National Casualty Company
NAIC # 140-11991
FEIN No.: 38-0865250
Personal Umbrella/Excess Program - Form Filing
Company File Number: PU AR03813NCF01

Dear Commissioner Bowman:

National Casualty Company is submitting one revised form for use with our Personal Umbrella/Excess Liability Program. We request an effective date concurrent with your Department's approval.

Please find enclosed revised Personal Excess Liability Policy DEC 007 (4-01). The policy has been revised to add the General Agent's number to the form.

We hope you will be in a position to grant favorable consideration to this filing submission, however, should you need further information, please feel free to contact me on the toll free number or e-mail address listed below.

Sincerely,



Kristin Abbott
State Filing Analyst
abbottk@scottsdaleins.com
(800) 423-7675 x3140
Encl.

ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)



I, Gary Tiepelman,
Senior Vice President – Underwriting of
(Name) (Title of Authorized Officer)

National Casualty Company
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number ► PU AR03813NCF01

Signature of Authorized Officer ►	<i>Gary A. Tiepelman</i>
Name of Authorized Officer ►	Gary Tiepelman
Title of Authorized Officer ►	Senior Vice President – Underwriting
Email address of Authorized Officer ►	TIEPELG@scottsdaleins.com
Telephone # of Authorized Officer ►	800 423-7675 x2050
Date ►	August 6, 2007

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3rd St., Little Rock, AR 72201, telephone: 501-371-2800, or email: information.pnc@state.ar.us

AID PC SelfCert (4/30/03)